## FORM 1

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Office

Use

Only

## STATEMENT OF **ORGANIZATION**

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			14.	JUL 17 171 4 30
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ENZI FOR US SE	ENATE			
			<u> </u>	
ADDRESS (number and street)	PO Box 2775		1 1 1 1 1	
(Check if address	1 , , , , , , , .			
is changed)	Cody		. WY .	,82414-2775 , , ,
	CITY ▲		STATE ▲	ZIP CODE ▲
	OH 1 E		SIRICA	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE				
(Check if address is changed)	June@EnziForWyomi	ing.com		<u> </u>
, o changes,	Optional Second E-Mail A	ddress		
COMMITTEE'S WEB PAGE ADD  (Check if address is changed)	DRESS (URL)  www.EnziForWyoming.com			
			<u> </u>	
2. DATE 03 31	1 1 " " 1			
3. FEC IDENTIFICATION NU	JMBER ▶ C	C00317503		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the bes	t of my knowledge and belief it	is true, correct	and complete.
Type or Print Name of Treasurer	June V. Tope			
Signature of Treasurer June V	1. Tope June	ell lope	Date 06	/ 18 / 2014
NOTE: Submission of false, errone		n may subject the person signing to TION SHOULD BE REPORTED W		the penalties of 2 U.S.C. §437g.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

**FEC FORM 1** 

(Revised 06/2012)